



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

Petitioner(s)

v

MOAHR Docket No. _____

Respondent(s)

Request Date: _____

FEE WAIVER REQUEST

Instructions: Complete the form and file it with the Tribunal.

I request a waiver of filing fees for the following reason (check only one of 1, 2, or 3):

1. ☐ I receive the following type(s) of public assistance because of indigence:
 - ☐ Food Assistance Program through the State of Michigan (known as FAP or SNAP)
 - ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
 - ☐ Family Independence Program through State of Michigan (known as FIP or TANF)
 - ☐ Women, Infants, and Children benefits (WIC)
 - ☐ Supplemental Security Income through the federal government (SSI)
 - ☐ Other means-tested public assistance _____
2. ☐ I am represented by a legal services program, or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is: _____
3. ☐ I am unable to pay the fees and I did not check item 1 or 2.

My gross household income is \$_____ every _____ (week/two weeks/month/year)

The number of people in my household is _____.

My source of income is _____

List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet: _____

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet: _____

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

Date